

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99560 Office of Registrar of Vital Statistics.

Ward

5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary M. Davis

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

48 Years,

Months,

20

Days.

Color,

Caucasian

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give Street and Number.

413 North Street

Cause of Death,

First (Primary),

Tubercular Enteritis

Second (Immediate),

Marasmus

Duration of Last Sickness,

Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 2, 1887

Undertaker,

Wm. H. Smith

Medical Attendant.

Place of Business,

511 Arch Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99561 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 3⁵⁵ P.M. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Luko

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Europe

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, { Give street and Number. } 416 N. Duncan

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate) }

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 2. / 89.

{ Undertaker, Frank. Crach. } James E. Linnell, M. D. Medical Attendant.

{ Place of Business, 827 N. Durham St. Address, 1707 E. Baltimore St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99562 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Falk

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 year Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, two weeks

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Catarrhal Pneumonia
Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 1st 1887

{ Undertaker, H. Sander & Son C. H. Mitchell M. D.

Medical Attendant.

{ Place of Business, 1710 Canton St Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. *99563*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *April 29 to 1887 -*

Full Name of Deceased, *Noah Queen*

Sex, *Male* or Female, *Male*

Age, *45* Years, Months, Days.

Color, *Dark*.

Married, Single, Widow or Widower, *Single*

Occupation, *Grain Merchant*

Birth Place, *Lucas Ave. Co. Md.*

Duration of Residence in the City of Baltimore, *20 yrs -*

Place of Death, *711 Allison St. near Orchard St.*

Cause of Death, *Phthisis*
First (Primary), *Exhaustion*
Second (Immediate), *4 weeks*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Greenbury Cemetery*

Date of Burial, *May 1 1887*

Undertaker, *Hecker & Noss*

Place of Business, *404 Corn Market* Address, *B. G. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99564 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodore William Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, 19 Days

Color, Coloured

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 1008 Vincent Alley

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis
Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 1 1887

Undertaker, William A. Long J. B. Zimmer M. D.

Place of Business, 150 East St Address, 212 Franklin St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99565 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Porter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 78 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 73 yrs

Place of Death, { Give Street and Number. } 510 Arlington av

Cause of Death, { First (Primary), Second (Immediate), } apoplexy

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's

Date of Burial, May 1st 1887

Undertaker, W Cadogan J. E. Claggett M. D.

Medical Attendant.

Place of Business, 227 Mulberry St Address, 364 E. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99566

Office of Registrar of Vital Statistics.

Ward

12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30 1887
Mrs. Sigmond

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, 3 Months, 4 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Merchant
Balt

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1124 Ething St
Phthisis Pulm

Cause of Death, { First (Primary), Second (Immediate), }

" & Tubercular Laryngitis

Duration of Last Sickness,

4 years

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, May 2

Elias C Price M. D.

Undertaker, Jacob A. Shreve & Co.

Medical Attendant.

Place of Business, 626 W. Balto. Address, 953 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99567

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
(No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.)

CERTIFICATE OF DEATH.

Date of Death, Apr. 30th 1887

Full Name of Deceased, Peter Kelley
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 68

Years,

Months,

Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, None
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Inst. Little Sisters Poor
{ Give Street and Number. }

Cause of Death, Stroke of Paralysis
{ First (Primary), Second (Immediate), Instantaneous }

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 3rd 1887

Undertaker, Daniel Flynn

Place of Business, 42 E. West St

Geo Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99568* Office of Registrar of Vital Statistics.

Ward *17²*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Cecelia McGuire

Sex, *Male* or Female,

Cross out the word not required in this line.

Age,

15 Years,

7 Months,

18 Days.

Color,

White

Married, Single, ~~Widow or Widower~~,

Cross out the words not required in this line.

Occupation,

and with Parents

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

W. D.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

(Give Street and Number.)

7. Cuba street

Cause of Death,

First (Primary),

Cough-cold, suffering aneurism in

Second (Immediate),

Valvular disease of heart producing dropsy of limbs, &c. &c.

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cemetery

Date of Burial,

May 2nd 1887.

Undertaker,

Daniel Flynn

E. W. Jamney M. D.

Medical Attendant.

Place of Business,

42 E. West St.

Address,

1227. 12th St. Highland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99569 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Voss
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 3 Years, 3 Months, 3 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married name Rosa Voss
Occupation, Actress
Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1201. Cooker street.
Duration of Residence in the City of Baltimore, Life time mother
Place of Death, { Give Street and Number. } 1201. Cooker st.
Cause of Death, { First (Primary), tedious Labor. mother fleshy -
Second (Immediate), Heart & Lungs in 2nd for birth. }
Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's graveyard
Date of Burial, May 2nd
{ Undertaker, B. Haele } E. W. Parnum M. D. Medical Attendant.
{ Place of Business, 82 West street } Address, Highlandtown 1227. 1st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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over